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APPLICANTS

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**** CONTINUING DATA ******* *M. A. B.*
 This appln claims benefit of 60/423,096 11/01/2002

**** FOREIGN APPLICATIONS ******* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/29/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>M. A. B.</i> Initials	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 3
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ADDRESS
 33432
 KILYK & BOWERSOX, P.L.L.C.
 53 A EAST LEE STREET
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TITLE
 Surface covering panel

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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☐ Other

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